

Iowa Department of Human Services

Child Development Home Complaint

Name of Provider	County	
Betty Jefferson	Polk	
Care Address	City	Zip Code
2724 Holcomb Ave	Des Moines	50310
Mailing Address	City	Zip Code
2724 Holcomb Ave	Des Moines	50310
Phone	Email	
515-279-1090	unknown	

Date of Complaint: January 6, 2015	
Date of Visit: January 9, 2015 ☐ Scheduled ☐ Unannounced ☐ N/A ☐ Non-Compliance with Regulations Found ☐ Cor ☐ N/A	npliance with Regulations Found
RECOMMENDATION FOR REGISTRATION: ☑ NO CHANGES to registration status recommended ☐ REVOCATION of Registration	I.
CATEGORY OF CARE:	
☐ Category A	
☐ Category B	
Category C (with no co-provider)	
□ Category C (with co-provider)	

Summary of Complaint:

The Department received a complaint concerning unreported adults living in the home and unauthorized person(s) providing care to the children. There were also concerns regarding these adults potential alcohol and drug usage in the home during daycare hours.

Rule Basis and Findings of Complaints:

110.5(1) "Conditions in the home are safe, sanitary, and free of hazards."

Pertaining to the complaint regarding unreported and unauthorized individuals residing in the home, there is a preponderance of evidence indicating that the provider is out of compliance. One of the individuals cited was present in the home at the time of the unannounced visit. The provider also verbalized these individuals do not live here but visit during times when daycare children are present.

Pertaining to the compliant that unauthorized individuals are assisting in the care of the children, there is a preponderance of evidence indicating the provider is out of compliance.

The provider reported during the unannounced visit that one of the visiting individuals helps with child care at times.

Pertaining to the compliant that individuals in the home and those providing care to the children are using alcohol and illegal substances, there is NOT a preponderance of evidence to indicate that the provider was out of compliance.

Resolution and Action Required:

The provider has agreed to not allow any unauthorized individuals into the home until they have reported the household changes to Registration and they have passed the proper background and record check requirements. The provider has been sent an application to change household composition so proper record checks can occur. The provider should not allow the individual(s) in the home or around the children until the record check process is complete and the provider has verification that the individual(s) are approved. The provider has also agreed to discontinue allowing an unauthorized individual to assist in the care of the children without being approved by Registration as an approved assistant/substitute.

A full spot check was also completed at this time with a corrective action letter to follow.

Consultant's Signature	Date
Supervisor's Signature C. Mark Chappelle	Date